

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF WISCONSIN

In re:

ARCHDIOCESE OF MILWAUKEE,
Debtor.

)
Case No. 11-20059-svk
)
Chapter 11
)
**ABUSE SURVIVOR PROOF OF
CLAIM**

IMPORTANT:
THIS FORM MUST BE RECEIVED NO LATER THAN
FEBRUARY 1, 2012 AT 4:00 P.M.

1. Please read the instructions included with this ABUSE SURVIVOR PROOF OF CLAIM FORM and complete ALL applicable questions. Please print clearly and use blue or black ink. Send the *original* to: **The United States Bankruptcy Court for the Eastern District of Wisconsin, Room 126, U.S. Courthouse, Attention: Archdiocese Clerk, 517 East Wisconsin Avenue, Milwaukee, Wisconsin 53202.**
2. You may wish to consult an attorney regarding this matter. You may also contact the attorneys for the Official Committee of Unsecured Creditors (Pachulski, Stang, Ziehl & Jones LLP) at 1-888-496-8643 or Milwaukee.Archdiocese@psjlaw.com for information or the Archdiocese's attorneys (Whyte Hirschboeck Dudek S.C.) at 1-877-609-3995 or archmilclaims@whdlaw.com.
3. When you are finished, please sign the proof of claim, write "CONFIDENTIAL-FILED UNDER SEAL" across the top of this Abuse Survivor Proof of Claim Form, place it in a sealed envelope, and write "ATTENTION ARCHDIOCESE CLERK -- CONFIDENTIAL-FILED UNDER SEAL" on the outside of the sealed envelope.
4. To be valid, the proof of claim must be signed by the Abuse Survivor or the Abuse Survivor's attorney. If the Abuse Survivor is deceased or incapacitated, the form may be signed by the Abuse Survivor's representative or the attorney for the estate. If the Abuse Survivor is a minor, the form may be signed by the Abuse Survivor's parent or legal guardian or the Abuse Survivor's attorney.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571

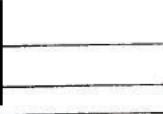
UNLESS YOU INDICATE OTHERWISE IN PART 1 BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL AND OUTSIDE THE PUBLIC RECORD BY THE UNITED STATES BANKRUPTCY COURT. THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED GUIDELINES TO THE ARCHDIOCESE, COUNSEL TO THE ARCHDIOCESE, COUNSEL FOR COMMITTEE OF UNSECURED CREDITORS AND TO SUCH OTHER PERSONS AS THE COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM

PART 1. CONFIDENTIALITY

THIS ABUSE SURVIVOR PROOF OF CLAIM FORM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS, IF ANY) WILL BE MAINTAINED AS CONFIDENTIAL UNLESS YOU EXPRESSLY REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND SIGNING BELOW.

I do not want this Proof of Claim Form (along with any accompanying exhibits and attachments, if any) to be kept confidential. Please verify this election by signing directly below.

Signature: 

Print Name: 

Please Continue to Next Page.

PART 2: IDENTIFYING INFORMATION

A. Abuse Survivor

First Name	Middle Initial	Last Name	Jr/Sr/III
[REDACTED]			
Mailing Address: (If Abuse Survivor is incapacitated, is a minor or is deceased, please provide the address of the individual submitting the claim.) [REDACTED]			
City	State/Prov.	Zip Code (Postal Code)	Country (If other than U.S.A.)
Telephone No Home: [REDACTED]	Work: <u>N/A</u>	Cell: <u>N/A</u>	
Email address	<u>N/A</u>		
May we leave voicemails for you regarding your claim?		<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
May we send confidential information to your email:		<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Birth Date:	[REDACTED] Month	[REDACTED] Day	[REDACTED] Year
Any other name or names by which Abuse Survivor has been known: [REDACTED]			

B. Abuse Survivor's Attorney (if any):

Law Firm Name			
Attorney's First Name	Middle Initial	Last Name	
Street Address			
City	State/Prov.	Zip Code (Postal Code)	Country (if other than U.S.A.)
Telephone No.	Fax No.	E-mail address	

Please Continue to Next Page.

PART 3: NATURE OF THE ABUSE
(Attach additional sheets if necessary)

NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE ARCHDIOCESE IN STATE OR FEDERAL COURT, YOU MAY ATTACH THE COMPLAINT. IF YOU DID NOT FILE A LAWSUIT OR IF THE COMPLAINT DOES NOT CONTAIN ALL OF THE INFORMATION REQUESTED BELOW, YOU MUST PROVIDE THE INFORMATION BELOW.

a. Who abused you? FATHER BRO. FATHER

b. What was the abuser's position, title, or relationship to you (if you know)? (For example, was he or she your parish priest, teacher, coach, etc.) FATHER FATHER = TEACHER FRIEND

c. Where did the abuse take place? Please be specific. Include everything you can remember, including the city, state, church, school and/or parish where the abuse occurred. MINOR SEMINARY

d. When were you abused?

- If the abuse took place over a period of time (months or years) please state when it started, when it stopped, and how many times it occurred. = TWICE 1945 REPEATEDLY FROM AGE 8 TO AGE 17 1936-1944
- Please also state your age(s) and your grade(s) in school at the time the abuse took place. 16yrs = SOPH. = 8 yrs = 3rd & 4th

e. Please describe what happened to you. How were you abused? I WAS PHYSICALLY ABUSED - MOLESSED THEY PERFORMED ORAL SEX ON ME ONE TIME PHYSICALLY BEAT ME

f. Did you tell anyone about the abuse? (You might have told your parents, relatives, a friend, the Archdiocese, your parish priest, a teacher, your doctor, a coach, an attorney, a counselor, a police officer or other law enforcement authorities, or someone else? If you did tell someone, please write down who you told and when you told them.) NO I DID NOT TELL ANYONE BECAUSE AT THE TIME I WAS AFRAID TO AND ALSO DID NOT BELIEVE ANYONE WOULD BELIEVE ME

g. Did you ever write a letter to or contact the Archdiocese, your parish, your school, or anyone else about the abuse? If so, and you have copies of any correspondence, please attach copies of the correspondence. NO I DID NOT

Please Continue to Next Page.

PART 4: IMPACT OF ABUSE

(Attach additional sheets if necessary)

(If you are uncertain how to respond to this Part 4, you may leave this Part 4 blank, but you will be required to complete this Part 4 within thirty (30) days after a written request is made for the information requested in this Part 4)

1. How did the abuse affect you? Specifically, have you sustained any injuries because of the abuse? (For example, did the abuse negatively affect your education, employment, personal relationships, health? Did it cause you emotional, physical, or psychological injuries?) If so, please describe those injuries.

IT CAUSED MENTAL ANQUISH, BUT WHERE I DID NOT
TRUST ANYONE WHO HAD POWER OVER ME, LIKE
PARISH PRIEST AND EMPLOYERS,

2. Have you sought counseling or other treatment for your injuries? If so, with whom and when?

NO

PART 5. ADDITIONAL INFORMATION

1. Settlements: Have you ever agreed to settle the abuse claim that is described in this proof of claim (whether or not you filed a lawsuit)?
 Yes No If "Yes", please describe the settlement (the amount that was or will be paid to you, when and how it was or will be paid, the date of the settlement, and the parties to the agreement). You may attach a copy of the settlement agreement if you have one.

2. Bankruptcy. Have you ever filed bankruptcy? Yes No If "Yes", please provide the following information:

Name of Case: _____ Court: _____

Date filed: _____ Case No. _____

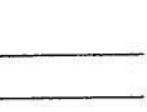
Chapter: 7 11 12 13 Name of Trustee: _____

Date: NOV. 22 - 2011

Sign and print the name and title, if any, of the Abuse Survivor or other person authorized to file this claim.

Under penalty of perjury, I declare the foregoing statements to be true and correct.

Signature: 

Print Name: 



2010 3090 0002 7482 6559

~~RECEIVED-MAIL~~

~~2011 DEC-2 AM 11:44~~

~~US BANKRUPTCY COURT
EASTERN DISTRICT OF WI~~



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**RETURN RECEIPT
REQUESTED**

The United States Bankruptcy Court for the Eastern District of Wisconsin

Room 126, U. S. Court House,

Attention: Archdiocese Clerk,

517 East Wisconsin Ave.

Milwaukee, Wisconsin, 53202

**RETURN RECEIPT
REQUESTED**

FILED - MAIL
2011 DEC -2 PM 12:39
US BANKRUPTCY COURT
EASTERN DISTRICT OF WI

Sept 1- 2015

To whom it may concern:

My Husband [REDACTED] - passed away
on March 20, 2015.

I am sending a copy of his opposition
from 2014

I did not know if he would still be a
part of this claim or not - If any
settlement is still made and even though
he has passed - I am his widow of
64 years - please contact me - if needed.

.....
[REDACTED]

Easter District of Wisconsin
Case No. 11-20059 SVK

My Name is [REDACTED]

I would like you to Consider My View in this Matter.
I was Sexually abused (please see attached statement)
from Age 8 to age 17. I was afraid to tell anyone.
because of the High Positions of the Abusers. The Horrible
Memories of those year have haunted me throughout
my life. I am now 85 year old, I have recently
had a heart attack and a stroke. I do not have an
attorney. My wife of 65 year and I live on
Social Security, so are unable to hire one, so
I put my objection to this Bankruptcy, in my
Simple Words, I think the Archdiocese of Milwaukee,
should Compensate me for all those year of Agony
and Dark Memories of those times of my youth.

Sincerely

[REDACTED]

Copy sent to
Daryl L. Dising

This was sent
3-20-14

THE COMPLAINANT
MUST PROVIDE THE INFORMATION BELOW.

a. Who abused you? FATHER [REDACTED]

b. What was the abuser's position, title, or relationship to you (if you know)? (For example, was he or she your parish priest, teacher, coach, etc.)
FATHER [REDACTED] = TEACHER
FATHER [REDACTED] = FRIEND

c. Where did the abuse take place? Please be specific. Include everything you can remember, including the city, state, church, school, or organization where the abuse occurred.
[REDACTED] MINOR SEMINARY, [REDACTED]

d. When were you abused?

1. If the abuse took place over a period of time (months or years) please state when it started, when it stopped, and how many times it occurred.
[REDACTED] = TWICE 1945
[REDACTED] REPEATEDLY FROM AGE 8 TO AGE 17 1936-1944
2. Please also state your age(s) and your grade(s) in school at the time the abuse took place.
[REDACTED] = 16 yrs = 8th grade
[REDACTED] = 8 yrs = 3rd grade

e. Please describe what happened to you. How were you abused?
I WAS PHYSICALLY ABUSED - MOLESTED
THEY PERFORMED ORAL SEX ON ME
ONE TIME PHYSICALLY BEAT ME

f. Did you tell anyone about the abuse? (You might have told your parents, relatives, a friend, the Archdiocese, your parish priest, a teacher, your doctor, a coach, an attorney, a counselor, a police officer or other law enforcement authorities, or someone else? If you did tell someone, please write down who you told and when you told them.)
NO I DID NOT TELL ANYONE BECAUSE AT THE TIME I WAS AFRAID TO AND ALSO DID NOT BELIEVE ANY ONE WOULD BELIEVE ME

g. Did you ever write a letter to or contact the Archdiocese, your parish, your school, or anyone else about the abuse? If so, and you have copies of any correspondence, please attach copies of the correspondence.
NO I DID NOT

Please Continue to Next Page.

WHD/7838279.4

1. How did the abuse affect you? Specifically, have you sustained any injuries because of the abuse? (For example, did the abuse negatively affect your education, employment, personal relationships, health? Did it cause you emotional, physical, or psychological injuries?) If so, please describe those injuries.

IT CAUSED MENTAL ANQUISH, GOT WHERE I DID NOT
TRUST ANYONE WHO HAD POWER OVER ME, LIKE
PARENT, PREST AND EMPLOYERS,

2. Have you sought counseling or other treatment for your injuries? If so, with whom and when?

NO

PART 5. ADDITIONAL INFORMATION

1. Settlements: Have you ever agreed to settle the abuse claim that is described in this proof of claim (whether or not you filed a lawsuit)?

Yes No If "Yes", please describe the settlement (the amount that was or will be paid to you, when and how it was or will be paid, the date of the settlement, and the parties to the agreement). You may attach a copy of the settlement agreement if you have one.

2. Bankruptcy: Have you ever filed bankruptcy? Yes No If "Yes", please provide the following information:

Name of Case: _____

Court: _____

Date filed: _____

Case No. _____

Chapter: 7 11 12 13

Name of Trustee: _____

Date: _____

Sign and print the name and title, if any, of the Abuse Survivor or other person authorized to file this claim.

Under penalty of perjury, I declare the foregoing statements to be true and correct.

Signature: _____

Print Name: _____

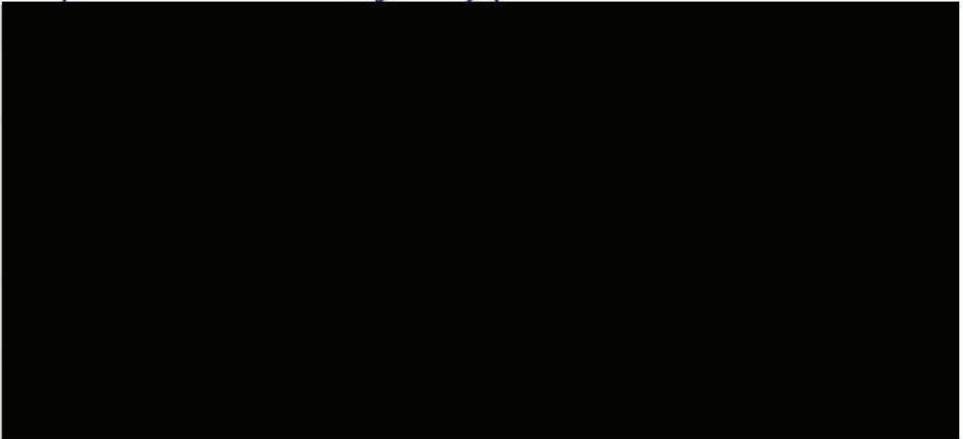
Sept 11- 2015

To all Concerned:

I received a phone call today from
Mr. William Brown an attorney. She said
I should send copies of my husband's
Death Certificate and his Will in order for
me to receive any settlement awarded to him



Thank you



US DISTRICT COURT
EASTERN DISTRICT OF WI

2015 SEP 11 AM 11:32

PROSECUTOR - HALL

MISSOURI

CERTIFICATION OF DEATH

DATE FILED: MARCH 30, 2015

STATE FILE NUMBER: [REDACTED]

DECEDENT NAME: [REDACTED]

SEX: [REDACTED]

DATE OF DEATH: MARCH 20, 2015

COUNTY OF DEATH: JACKSON

IRTH: [REDACTED] MARITAL STATUS: MARRIED

EVER IN ARMED FORCES: YES

OCIAL SECURITY NUMBER: [REDACTED] RESIDENCE ADDRESS: [REDACTED]

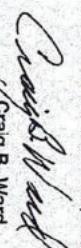
URVIVING SPOUSE: [REDACTED]

WIFE, MAIDEN NAME: [REDACTED] FATAL HOME: ROYERS NEW SALEM FUNERAL HOME
NDERLYING CAUSE (ICD CODE): MONTA MANNER: NATURAL

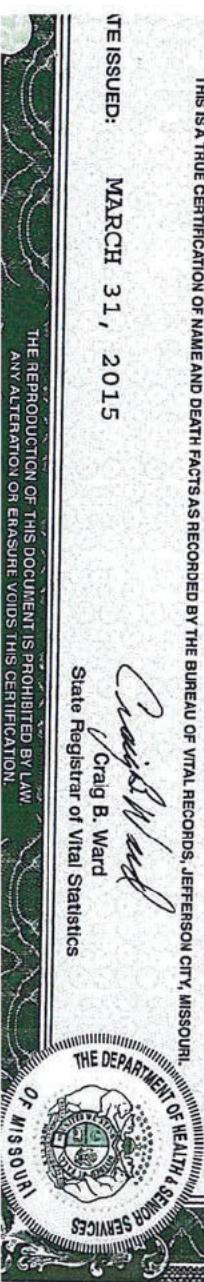
UED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES: JACKSON

THIS IS A TRUE CERTIFICATION OF NAME AND DEATH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

TE ISSUED: MARCH 31, 2015


Craig B. Ward

State Registrar of Vital Statistics



THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

LAST WILL AND TESTAMENT

BE IT KNOWN that I, [REDACTED], a resident of [REDACTED], in the State of [REDACTED], being of sound mind, do make and declare this to be my Last Will and Testament expressly revoking all my prior Wills and Codicils at any time made.

I. PERSONAL REPRESENTATIVE:

I appoint [REDACTED] of [REDACTED] as Personal Representative of this my Last Will and Testament and provide that if this Personal Representative is unable or unwilling to serve then I appoint [REDACTED] of [REDACTED]

[REDACTED] as alternate Personal Representative. My Personal Representative shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I further provide my Personal Representative shall not be required to post surety bond in this or any other jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

II. GUARDIAN:

In the event I shall die as the sole parent of minor children, then I appoint [REDACTED] as Guardian of said minor children. If this named Guardian is unable or unwilling to serve, then I appoint [REDACTED] as alternate Guardian.

III. BEQUESTS:

I direct that after payment of all my just debts, my property be bequeathed in the manner following:

*IF IN THE EVENT I DIE BEFORE MY WIFE, [REDACTED]
[REDACTED] I LEAVE ALL WORLDY GOODS TO HER - WHICH
INCLUDES OUR HOUSE AT [REDACTED]
[REDACTED] AND CONTENTS - OUR TRUCK 1997 S10 CHEVROLET
OUR CASH MONEY, AND BANK ACCOUNTS. THE ATTACHED LIST
OF THINGS TO GO TO OUR 5 CHILDREN AFTER HER
DEATH.*

1992 version 05/01/1992
Form 2000-05-01-0500
SAC-001-A
Page 1 of 1

[REDACTED]
Testator's Initials

Page ____ of ____ pages

Execute and attest before a notary.

Caution: Louisiana residents should consult an attorney before preparing a will.

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ABAK

(year), to this my Last Will and Testament.

Testator Signature

IV. WITNESSED:

The testator has signed this will at the end and on each other separate page, and has declared or signified in our presence that it is his/her last will and testament, and in the presence of the testator and each other we have hereunto subscribed our names this day of , 20 .

Witness Signature

Address

Witness Signature

Address

Witness Signature

Address

ACKNOWLEDGMENT

State of
County of

}

We, _____, _____, _____, and _____,

the testator and the witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the testator signed the instrument as his/her Last Will and that each of the witnesses, in the presence of the testator and each other, signed the will as a witness.

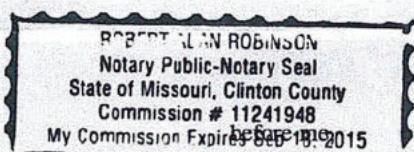
Testator: _____

Witness: _____

Witness: _____

Witness: _____

On _____
appeared



personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: Robert Alan Robinson

Signature of Notary

Affiant _____ Known _____ Produced ID _____
Type of ID _____

(Seal)

Page _____ of _____ pages